Harborview Medical Respite Program – Inpatient Checklist

Forms/Documentation

- □ Face sheet
- □ Referral form (completely filled out by medical provider only)
- □ Independence status
 - □ PT/OT notes if applicable

Or

□ Nursing note documenting patient is independent with ADLs

□ Wound care

- □ Wound care recommendations
- $\hfill\square$ Wound Consult note, if applicable
- □ The patient will come with one week supply of dressings
- □ Mental health team notes
 - □ Psychiatric team
 - □ Social worker/case manager
- □ Discharge Summary (needed <u>prior</u> to patient leaving hospital)
- □ Most recent consult notes for specialty care
- DNAR/DNI Status
 - □ POLST form if applicable
- □ Follow up appointments
 - □ Subspecialty appointments scheduled before patient leaves facility
 - □ If oncology patient, chemo/radiation schedule and end date

Medications

- □ MAR for the past 48 hours
- □ Discharge Med List (with <u>amount</u> of medications listed)
 - □ 30 day supply of routine medications
 - 3 day supply of narcotics based on the patient's use of narcotics in the last 24 hours (example - if the patient took 30mg of oxycodone in the past 24 hours they should come to respite with 90mg of oxycodone or morphine equivalent. Rx should read: Oxycodone 5 mg, 5-10mg q4 hours for pain PRN, not to exceed 6 tablets per day, #18 tablets for a 3 day supply)
 - □ Patient is off IV pain medication for the past 24 hours
- $\hfill\square$ 30 days of stool softeners if the patient is coming with narcotics
- □ A methadone plan has been made prior to discharge
 - □ Methadone maintenance Which agency?
 - □ Date/time of return methadone appointment OR
 - □ Date/time of methadone intake appointment

□ Pain management service will write for methadone

□ Discharge team will manage methadone

□ Pt is on TID methadone for pain management and respite will take over

(Respite cannot prescribe methadone for methadone maintenance/daily methadone)

IV antibiotics treatment

- □ For patients on IV antibiotics
 - □ PICC line <u>insertion</u> note
 - □ Type/brand
 - □ internal length
 - external length
 - Weekly labs to be drawn
 - □ Number to fax lab results to
 - □ ID follow up clinic and appointment information
 - □ Final dose day
 - □ If on Vancomycin: last trough and Cr. level

Diabetic Patients

- □ Last Alc
- □ Last blood glucose level
- □ If on insulin, pt to come with glucometer, glucometer strips and lancets
- □ 30 days of insulin in hand on arrival at respite

Anticoagulation Therapy Patients

- □ Last INR
- □ Follow up scheduled for anticoagulation therapy management

02 Dependence

- O2 has been ordered and delivery has been scheduled
- □ Last ambulating 02 sat

Outpatient referral to Respite:

- □ Most recent MD note
- \Box Med list
- Labs
- Immunizations
- □ Specialty care notes
- □ Follow up appointments

Edward Thomas House Medical Respite

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